Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78711-2070	(512)463-5800 1-800-325-8506			
CANDIDATE / OFFICEHOLDER  CAMPAIGN FINANCE REPORT  COVER SHEET PG 1					
The C/OH INSTRUCTE this form.	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	SUFFIX	OFFICE USE ONLY  Date Received			
4 CANDIDATE / OFFICEHOLDER ADDRESS  Change of Address	5001 El Campo, stec	FICIAL RECOR			
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI  NICKNAME LAST SUFFIX	WORTH, TE			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): ADT (SUITE #	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817) 236-3342				
8 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month         Day         Year         Month         Day           04/26/03         THROUGH         06/02/0	Year			
10 ELECTION	ELECTION DATE Month Dey Year  CS / 03 / 03  Primary Runoff Gene	oral Special			
11 OFFICE	OFFICE HELD (if any)  12 OFFICE SOUGHT (if known)  City Cooncil	Distant 7			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the candidate Candidates are required to disclose this information only if they receive notification of the direct campaign.	's prior consent or approval. apaign expenditure.			
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
1	GO TO PAGE 2				

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	BRENDA	TILLMAN	15 ACCOUNT # (Ethics Commission filers)		
16 NOTICE FROM POLITICAL	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS	***************************************		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit below	ow and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER-THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,750.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 1,2-79.03				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 10,204.32		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public STATE OF TEXAS  My Comm. Exp. 05/17/2004  AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscrib	ped before me, by	the said	, this the ALL day		
Signature of officer add	ministeling cath	Printed name of officer administering oath Title	e of officer administering oath		

# **CANDIDATE / OFFICEHOLDER REPORT:**

FORM C/OH - FR

	DES	SIGNATION OF FINAL REPORT	
	The In	struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Repor	t" ••
1	C/OH N	AME	2 ACCOUNT # (Elitica Convenientes Blens)
		BRENDA TIUMAN	
3	SIGNA	TURE	
	a rep	ot expect any further political contributions or political expenditures in connection wort as a final report terminates my campaign treasurer appointment. I also un untions or make any campaign expenditures without a campaign treasurer appoint	derstand that I may not accept any campaign
		Le Company of the Com	Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER	
	Com	plete A & B below only if you are a candidate ↔	
	A.	CAMPAIGN FUNDS	
	Check	only one:	
	. 🗀		d form a thing of a sea the set
!		I do not have unexpended contributions or unexpended interest or income earne	d from political contributions.
		I have unexpended contributions or unexpended interest or income earned from p convert unexpended political contributions or unexpended interest or income ear also understand that I must file an annual report of unexpended contributions and or unexpended interest or income earned on political contributions longer than understand that I must dispose of unexpended political contributions and unexpended political contributions and unexpended political contributions in accordance with the requirements of Election Code, § 254,204.	med on political contributions to personal use. I d that I may not retain unexpended contributions six years after filing this final report. Further, I
	B.	ASSETS	
	Chec	only one:	
	×	I do not retain assets purchased with political contributions or interest or other in	come from political contributions.
:		I do retain assets purchased with political contributions or interest or other incommay not convert assets purchased with political contributions or interest or other use. I also understand that I must dispose of assets purchased with political cont Election Code, § 254,204.	r income from political contributions to personal
			Signature of Candidate
5	OFFIC	EHOLDER	
	Com	lete this section o <i>nly</i> if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeholder w	no does not have a campaign treasurer on file.
)			Signature of Officeholder

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A1

(FOR FORMS C/OH, C/OH-BS, SC-C/OH.

SC-SPAC, SPAC, & SPAC-SS)				
The Instruction Guide explains how to complete this form.			1 Total pages this	Schedule A1:
2 FILERNAME BREN	de E. Ticimpi		3 ACCOUNT # (EII	nus Commission flers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_FRED MACLICK	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5ma-03	6 Contributor address; City; State; Zic Code S697 WESTCREEK DR FORT WORTH, 1X 7	6113	250,06	
9 Principal occup	ation (Optional)	16 Employer (Option	eal)	
Date	Full name of contributor Dout-of-state PAC (ID#:_	)	Amoura of contribution (\$)	In-kind contribution description (if applicable)
500003	Contributor address; City, State; Zip Code  SO16 MONOR DA WAV  F+ WORTH, TX 76	12>	20000	
Principal occup	pation (Optional)	Employer (Option	a')	
Date	Full name of contributor Joul-of-state PAC (IDIT_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
SW0+03	Contributor address; City; State; Zip Code	. ~ 0	250,06	
Principal occur	F+ WORTIA, TX 76  (action (Optional)	Employer (Option	al)	
				Paris Millia William de Santa de Company de Marie de Marie de Company de Company de la Marie de Company de Com
Date	Full name of contributor     cur-of-state PAC (ID#:_	)	Amount of contribution (\$)	in-king contribution description (if applicable)
5W03	Contributor address; City; State; Zip Code		2000	
	S+ WORTH, T+ 76	179		
Principal occup	ation (Optional)	Employer (Option	ai)	
Dale	Full name of contributor Out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2mp,03	Contributor address; City; State: Zip Code PO Box 746/5 Ft Worth Tx	76179	2000	
Principal occup	pation (Optional)	Employer (Option	al)	
				A CONTRACTOR OF THE PARTY OF TH

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	M GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST MI	OFFICE USE ONLY			
NAME	Drenda SUFFIX	- Date Received			
	Tillman				
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE				
ADDRESS	5001 EL Campo Stec	Date Hand-delivered or Onte Postmarked			
Change of Address	Fort Worth, TX 76107				
5 CAMPAIGN TREASURER	TITLE FIRST M!				
NAME	Michael	Receipt # Amount			
	NICKNAME LAST SUFFIX	Date Processed			
	Tillman	Date Imaged			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE;	ZIP CODE			
ADDRESS (Residence or business)	7709 Skylake Drive Fort Worth	", lexas 76179			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817) 236-3342-				
8 REPORTTYPE		The state of the s			
	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 Bih day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THROUGH 5/3				
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
	5/3/03 Primary Runoff	General Speciel			
11 OFFICE	OFFICE HELD (I = w) 12 OFFICE SOUGHT (I kn	cur) Cily Carroil			
13 NOTICE	II WORK				
OF DIRECT CAMPAIGN	<ul> <li>Direct campeign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.</li> <li>Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.</li> </ul>				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Art. / Suite it; City; State; Zip Code				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
idditional pages					
	GO TO PAGE 2				

Texas Ethics Cor	mmission P.O. Box 12070 Austi	n, Texas 78711-207	0 (512) 46	63-58 <u>0</u> 0 1-800-325-85		
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	s	(FOR FOR	SCHEDULE A1  LMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)		
The instruction	א Guide explains how to complete this form.		1 Total pages this	Schedule A1:		
2 FILER NAMI BRENCE	2 NCTUBY		3 ACCOUNT # (E)			
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
6 MA - 03	RANCY BROWN  6 Contributor address: City: State: Zip Code  170x TREMONT AUE  FORT WORT'A, TX 761	· · · · · · · · · · · · · · · · · · ·	100,00			
	pation (Optional)	10 Employer (Option	eal)	_		
Date	Full name of contributor Out-of-state PAC (ID#:_  1/2000 PCA. REE CREEK 16		Amount of contribution (\$)	tn-kind contribution description (if applicable)		
( ), 100 02	S100 PRAIREE CREEK TO FORT WORTH, TX 76,	r 179	5600			
Principal occup	pation (Optional)	Employer (Option	al)			
Date [ MAY US	Full name of contributor   out-of-state PAC (IDS: TAMES CEGET)  Contributor address; City; State; Zip Code PO Box 95+0  Fort Worth Tx 761	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	in-kind contribution description (if applicable)		
Principal occup	ation (Optional)	Employer (Options	<u> </u> ei)			
Cate	Full name of contributor     out-of-state PAC (ID#:_  William Coccins		Amount of contribution (\$)	In-kind contribution description (if applicable)		
/may03	Contributor address; City; State; Zip Code  FORT WORTS, TX		1000.00			
Principal occup	ation (Optional)	Employer (Options	I)			
Date	Full name of contributor   out-of-state PAC (IDA):  JEFF DWINGS  Contributor address: City: State; Zip Code  3940 Lakeness Heights  FOTT WORTH, TEXAS 7	6179	Amount of contribution (\$)	in-kind contribution description (if applicable)		
Principal occup	Principal occupation (Optional) Employer (Optional)					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCH	FDU	n F	E
361	EDU		_

The Instruction Gaze explains how to complete this form.  2 FILER NAME  BRENDA TILLMAN  TOTAL OF UNITEMIZED LOANS: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	LOANS				SCHEDULE E
The Instruction Guare explains how to complete this form.  2 FILER NAME					
FILER NAME   BRENDA TILLIMAN   3 ACCOUNT # (EDRICA Commission Renra)				1 Total pages Sched	tule E:
BRENDA TILLMAN  TOTAL OF UNITEMIZED LOANS: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	The Instruction Guid	explains how to complete this form.		•	
TOTAL OF UNITEMIZED LOANS: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				3 ACCOUNT # (Ethi	cs Commission filers)
TOTAL OF UNITEMIZED LOANS: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	FILER NAME	Rasina Turmari			
TOTAL OF UNITEMIZED LOANS: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		DRENDA TICEMINE		L	
S JON 03	TOTAL	OF UNITEMIZED LOANS:	) <del>+</del> + +	<b>\$</b>	\$
Solution   Solution	5 Date of loan	7 Name of lender	out-of-state PAC (IDIF:		9 Loan Amount (\$)
Solution   Solution	15 Jan 03	MICHAEL TILLMI	9W		\$10,000.00
TOG SKylake LTIVE FORT WORTH, Texas 76179  11 Maturity date  12 Description of Collateral none  13 GUARANTOR INFORMATION  15 Guarantor address; City; State; Zip Code  17 Principal Occupation  18 Employer  Date of loan  Name of lender  CINDY  CINDY  CINDY  CINDY  Lander address; City; State; Zip Code  18 Improver  Loan Amount (5)  19 Add 32  Interest rate  Meturity date  Meturity date  Meturity date  Amount Guaranteed (5)		8 Lenderaddress; City; State; 2	Zip Code		
Description of Collateral   none	financial Institution?	TIME KV. lake D	rive	* *	
Description of Collateral   none	Y (N)	1107 Sagar	- 7 170	-	11 Maturity date
none   13 GUARANTOR   14 Name of guarantor   16 Amount Guaranteed (\$)		for Worth, lex	as 16117 ·		
13 GUARANTOR INFORMATION    not applicable   15 Guarantor address; City; State; Zip Code   18 Employer	12 Description of Collate	ral		-	
13 GUARANTON   14 Name of guarantor address; City; State; Zip Code   15 Guarantor address; City; State; Zip Code   18 Employer   18 Employer   19 Date of loan   Name of lender   Out-of-state PAC (IDIt:	none				
INFORMATION   15 Guarantor address; City; State; Zip Code   17 Principal Occupation   18 Employer   18 Employer   19 Employer	13 GUARANTOR	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable   17 Principal Occupation   18 Employer					
not applicable   18 Employer   18 Employer   18 Employer   18 Employer   19 Employer	*	45 Communications City Sister	Zio Code		
Date of loan  Name of lender  Out-of-state PAC (IDIt:	not applicable	13 OURIBIRD ALLIESS, CAY, CARC, A	_ <del>_</del>		,
Date of loan  Name of lender  Out-of-state PAC (IDIt:					
Is lender a   Lender address; City; State; Zip Code   Interest rate	17 Principal Occupation		18 Employer		
Is lender a					Loan Amount (\$)
Is lender a financial Institution?  Y  Description of Collateral  none  GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Front work of guarantor  Guarantor address; City; State; Zip Code  Front work of guarantor  Guarantor address; City; State; Zip Code	Date of loan	1 4	- 1		٠
Is lender a financial Institution?  Y N EART WORTH, TX TOTA  Description of Collateral  none  GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Forcious State; Zip Code  Forcious State; Zip Code  Forcious State; Zip Code  Forcious State; Zip Code		CIMPY DWING	5		1 204.32
Description of Collateral none  GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Frencheer	is lender a	Lender address: City; State;	Zip Code	<u>.</u>	Interest rate
Description of Collateral none  GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Freelower	financial Institution?	3940   AVEWOOD	Heights C		
Description of Collateral none  GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Frencheer	Y (N)	Con Lagrie TX	) 		Maturity date
GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Freelower		tola wolling in	1617		
GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Freelower	Description of Collate	eral			
GUARANTOR INFORMATION  Guarantor address; City; State; Zip Code  Freebourt	none	•			
Guarantor address; City; State; Zip Code		Name of guarantor			Amount Guaranteed (\$)
not applicable					
not applicable		Guaranter orletages: City: State:		• • • • • • • •	
	not applicable	Guadaria sunices, Cay, Cone,		•	
Principal Occupation Employer	<u> </u>	. •		· ·	
	Principal Occupation		Employer		
	i				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITIO	CAL EXPENDITURES		S	CHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Schedule	F: (
2 FILER NAME	DRENDA TILLMAN	•	3 ACCOUNT # (Ethics C	ommission filers)
11 May 03	5 Payee name GRAPHICS A 6 Payee address; City; State; Zip Code 507 S MAIN STREET, FORT WOR		7 >4	Amount (\$)
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	ect expenditure to benefit me Office sough	•
2 May 03	Payee name  STAPLES  Payee address; City; State; Zip Code  LAKE WORTH BLVD	76135	5	Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ct expenditure to benefit me Office sough	
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ct expenditure to benefit me Office sough	
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information  ATTACH ADDITIONAL COPIES	Candidate / Officeholder na		